



APPLICATION FOR MOBILE FOOD FACILITY (MFF) PLAN REVIEW

COUNTY OF SAN BERNARDINO – DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH SERVICES

PHONE: (800) 442-2283

www.sbcounty.gov/dehs

Facility Name: _____ Phone: _____

Facility Owner: _____ Phone: _____

Facility Address: _____ Email: _____

Former Business Name: _____

Nature of Service: *Provide a description of the basic type of food and beverage service and nature of operation.*

Requestor/Contact Person: _____ Phone: _____

Requestor Facility Name: _____ Phone: _____

Address: _____ Email: _____

Check Most Appropriate: ☐ Owner/Operator ☐ Contractor/Architect ☐ Designer

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Basic Unit Information: ☐ New ☐ Remodel ☐ Modified (MFF received approval in another county in CA)

Received By: _____

Date: _____

☐ PRELIMINARY REJECT

☐ NOT APPROVED, PLANS ARE REJECTED AS SUBMITTED
Three (3) corrected and detailed copies of the plans, including equipment layout sheets, are to be resubmitted for approval by this Division prior to building permit issuance. Return one copy of the rejected plans.

☐ PLANS APPROVED AS CORRECTED
The violations listed require correction prior to issuance of a permit to operate. Plans are valid for up to 2 years from this date, after which plans are void.

Plans checked by: _____

Date: _____ Phone: _____

Date Service Completed: _____

DIST: _____ City Code: _____

Amt. Paid: _____ Receipt #: _____

Check #: _____

SR#: _____

FA#: _____

PE#: _____

Client Contacted: _____

Date Client Called: _____